CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	DEFRE ONLY E
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mario NICKNAME LAST Juare	MI X SUFFIX	FEB 2 6 2024
4 ORIGINAL REPORT TYPE	limit 30th day before election 15th	Final report eeded modified reporting	Receipt # Amount \$
5 ORIGINAL PERIOD COVERED	/ / 20	ROUGH 1 15 24	Date Processed Date Imaged
Did not report on 12/7/23. Co		al funds to the Pecos County added schedule G.	Democratic Party
1	ear, or affirm, under penalty of	perjury, that this corrected report	is true and correct.
Semiannual mislead or to	reports: I swear, or affirm, that to misrepre-sent the information c	he original report was made in good ontained in the report.	faith and without an intent to
Other report	s: I swear, or affirm, that I am fili	ing this corrected report not later than	n the 14th business day after the ar, or affirm, that any error or
		Signature of Candida	ite/Officeholder
(1) Affidavit	Please co	emplete either option below:	
NOTARY STAMP/SEA	ıL		
Sworn to and subscribed	before me by	this the	day of,
20, to certify	which, witness my hand and seal of offi	ice.	
Signature of officer administe	ering oath Printed name	of officer administering oath	Title of officer administering oath
		OR	
My name is MARIAMY address is 1902	o X. Llutra 2 W 6+h	and my date of birth is	12/16/59 79735_USA
Executed inPEG	(street) County, State of	, on the 26 day of FBC (month)	te) (zip code) (country) yay, 20 24 (year) e/Officeholder (Declarant)
Remember To Atta	ch Any Part Of The Campaign F	Finance Report Form Needed To Re	

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- **2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- **3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- **5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- **6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- **7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

COVER SHEET PG 2

15 CIOH NAME		/ 40	Westernam with the same and
	o X Juarez	76 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HER THAN	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	F LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 3,726.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	F THE LAST DAY	\$ 7,023.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOA LAST DAY OF THE REPORTING PERIOD	ANS AS OF THE	\$ 10,000.00
18 SIGNATURE I s	vear, or affirm, under penalty of perjury, that the accompanying rep	ont is true and co	orrect and includes all information
rec	uired to be reported by me under Title 15, Election Code.		mode and modes an information
	-		
	Signati	ure of Candidate	or Officeholder
	Please complete either option	below:	
(1) Affidavit			
NOTABY STAND (SEA)			
NOTARY STAMP/SEAL			
Sworn to and subscribed	pefore me by	this the	_ day of,
20, to certify	rhich, witness my hand and seal of office.		
Signature of officer administer	ng oath Printed name of officer administering oath		Title of officer administering oath
	OR		
(2) Unsworn Declaration	n / =		1
My name is ///APa	X. LUARER	12/	16/59
My address is 1902	w 6 th Ft Stocks	N TX	19735 USA
D	(street) (city)	(state)	(zip code) (country)
Executed inPEC	County, State of PEXAS, on the 26 day of	fore my	_, 20 29.
		(month)	(year) C
	Signature	of Candidate Office	eholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER	NAME.	20 Filer ID (Ethics Co	ommis	sion Filers)
21	SCHED NAME (ULE SUBTOTALS DF SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS			10,000.00
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	2,976.89
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		NDS	\$	750.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$		
1		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE C	ATECODIC	FOR BOY ALL				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Fees Food/Beverage Expense By Gift/Awards Memorials Expense	Loan Rej Office Or Polling E Printing I Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense		
1 Total pages Schedule G:	2 FILER NAME Mario X Juarez			3 Filer ID (Ethics	ler ID (Ethics Commission Filers)		
4 Date 12/07/2023	5 Payee name Pecos County Democrati	ic Party					
6 Amount (\$) 750.00 Reimbursement from political contributions intended	7 Payee address; 104 W Callaghan		c _{ity:} Fort Stockto	State; on TX	Zip Code 79735		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Fees	f this schedule)	(b) Description Filing Fee				
	(c) Check if travel outside of Texas. Compl	lete Schedule T.	Check if Austin,	TX, officeholder living ex	pense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held		
Date	Payee name						
Amount (\$) Reimbursement from political contributions intended	Payee address;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	f this schedule)	Description				
	Check if travel outside of Texas. Compl	lete Schedule T.	Check if Austin,	TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	(Office held		
Date	Payee name						
Amount (\$) Reimbursement from political contributions intended	Payee address;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)	Description				
	Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin,	TX, officeholder living exp	ense		
complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	C	Office held		
	ATTACH ADDITIONAL COPIES	S OF THIS SC	HEDULE AS NEEDE	D			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			11.	
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mario LAST Juarez	MI X SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 1902 W 6th	; APT / SUITE #; C	Stockton TX 79735	FEB 2 6 2024
Change of Address				ELECTIONS ADMINISTRATOR, PEGOS COUNTY BY
5 CANDIDATE/ OFFICEHOLDER PHONE	(432)	PHONE NUMBER 290-2097	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Sylvia	MI	Receipt # Amount \$ Date Processed
	NICKNAME	Almendarez	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE; ZIP CODE
ADDRESS (Residence or Business)	1810 Sunset	St	Fort Stockton	TX 79735
8 CAMPAIGN TREASURER PHONE	(432)	PHONE NUMBER 290-1681	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 26 / 24	THROUGH 2	Day Year / 24 / 24
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	•	13 OFFICE SOUGHT (if known Pecos County C	Commissioner Pct 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS	ACUDED NAME	
	SPECIFIC	COMMITTEE CAMPAIGN TREA		
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PC 1

15 C/OH NAME		
Mar	io X Juarez	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
***************************************	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
*************	4. TOTAL POLITICAL EXPENDITURES	\$ 2,004.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	\$ 5,778.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	
18 SIGNATURE I st	wear, or affirm, under penalty of perjury, that the accompanying report is true an uired to be reported by me under Title 15, Election Code.	d correct and includes all information
	, , , , , , , , , , , , , , , , , , , ,	
	Signature of Candid	data as Office helder
	Signature of Cardio	rate of Officerfolder
	Please complete either option below:	
	i loade complete entrier option below.	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	pefore me by this the	day of
20, to certify v	which, witness my hand and seal of office.	
Signature of officer administer	ng oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaratio	n j	. 1
My name is MARIO	X. JUARER and my date of birth is	2/16/59
My address is 1900	(street) (city) (state)	17/23, USM
Executed in	County, State of Local , on the 26 day of 1800	(zip code) (country) y, 20 24. (year)
	Signature of Carondales	fficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER	NAME 20 Filer ID (Ethics			ion Filers)
21		JLE SUBTOTALS OF SCHEDULE			SUBTOTAL AMOUNT
1,		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.		SCHEDULE E: LOANS		\$	
5.	-	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7,-		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	-	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	170.04
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.:		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Orodit Card i Byrnerit	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME Mario X Juarez		3 Filer ID (Ethic	es Commission Filers)
4 Date	5 Payee name			
02/16/2024	KFST Radio			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
568.00	954 S US Highway 385	Fort Stockton	TX	79735
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign rad	io advertiser	nent
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/23/2024	JVC Media			
Amount (\$)	Payee address;	City;	State;	Zip Code
552.09	3106 Fall Crest Dr	San Antonio) TX	78247
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Campaign Do	or Hangers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Printing Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER 1 TOTAL PAGES **2 FILER NAME** 3 FILER ID (Ethics Commission Filers) **SCHEDULE F4:** Mario X Juarez 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Name of financial institution **5 CREDIT CARD ISSUER** Chase Bank (a) Amount Charged **6 PAYMENT** (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid \$ 714.46 02/21/2024 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code Permian Ink 1340 E 7th St 79761 Odessa TX **8 PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Printing Expense Printed campaign shirts Political **V** Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held 9 Complete ONLY if direct expenditure to benefit C/OH (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid **PAYMENT** PAYEE (a) Payee name (b) Payee address; City, State, Zip Code (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held Complete ONLY if direct expenditure to benefit C/OH **PAYMENT** (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (b) Description (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office Sought Office Held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Com

Reset Form

ics.s

Reset Page

Revised 1/1/2024

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Ex Printing Ex Salaries/N	xpense Nages/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:		ме X Juarez			3 Filer ID (Ethics	Commission Filers)
4 Date 02/21/2024	5 Payee nar VistaP					
6 Amount (\$) 10.83 Reimbursement from political contributions intended	7 Payee add	ress; payment		City;	State;	Zip Code
8	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing	Expense		Printed campa	ign mailer car	ds
	(c)	Check if travel outside of Texas, Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
02/22/2024	VistaP	rint				
Amount (\$) 159.21 Reimbursement from political contributions intended	Payee add	_{dress;} payment		City;	State;	Zip Code
A TENEDRAL	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Printing	Expense		Printed campa	ign mailer car	ds
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Payee nar	ne		-		
Amount (\$) Reimbursement from political contributions intended	Payee add	dress;		City;	State;	Zip Code

EXPENDITURE CATEGORIES FOR BOX 8(a)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas Complete Schedule T.

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Description

Office sought

Check if Austin, TX, officeholder living expense

Office held

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mari o	MI X	OFFICE USE	
	NICKNAME	Juarez	SUFFIX	FEB 5	2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		ort Stockton TX 79735	SOPHIA FRAI	NCO
Change of Address				D 0.7	
5 CANDIDATE/ OFFICEHOLDER PHONE	(432)	290-2097	EXTENSION	Date Hand-delivered or Date	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Sylvia	МІ	Receipt # Amo	ount \$
TW WILL	NICKNAME	LAST	SUFFIX	,	
		Almendarez		Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP	CODE
TREASURER ADDRESS	1810 Sunset	t St	Fort Stockton	TX 79	735
(Residence or Business)	100.000				
CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(432)	290-1681			
REPORT TYPE	January 15	30th day before e	Runoff	15th day after camp treasurer appointme (Officeholder Only)	
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach	C/OH - FR)
0 PERIOD	Month	Day Year	Month	Day Year	
COVERED	1 ,	/ 16 / 24	THROUGH 1	/ 25 / 24	
1 ELECTION	ELECTION DA	TE	ELECTION TYP	E	
	Month Day	Year Primary	Runoff Other Description		
	3 / 5 /	Z4 General	Special		
2 OFFICE	OFFICE HELD (if any)	· · · · · · · · · · · · · · · · · · ·	13 OFFICE SOUGHT (if know Pecos County	Commissioner	Pct 1
4 NOTICE FROM POLITICAL	I THE CANDIDATE / OFFIC	EHOLDER, THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES S MAY HAVE BEEN MADE WITHOUT THE CAI RED TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL COMMITTEE	S TO SUPPOR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Forms provided by Texas Ethics Commission

COVER SHEET PG 2

Revised 8/17/2020

15 C/OH NAME Mario X Juarez		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	124.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$	6,898.61
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	10,000.00
req	uired to be reported by me under Title 15, Election Code.		
	Signature of Car	ididate or Of	fficeholder
	Please complete either option below	:	
(1) Affidavit			
NOTARY STAMP/SEAL	•		
Sworn to and subscribed		day	y of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administer	ring oath Printed name of officer administering oath	Title	of officer administering oath
	OR		
(2) Unsworn Declaration	on 20 X JUAREZ	12/1	16159
My name is 190	2 W 6 Fr F1 Struction	~ 1a.	135 USA
Executed in PECO	County, State of ICKAS, on the S day of FB	ate) (zip c	ode) (country)
	(month)	Black	(year)
	Signature of Candida	te office bold	er (Declarant)

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER N Ario X	AME Z Juarez	20 Filer ID (Ethics Co	mmission Filers)
		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.		\$		
5.		s 124.50		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7:+:	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$
8.		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$
11,		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Mario X Juarez 4 Date 5 Payee name 01/17/2024 JVC Media 6 Amount (\$) 7 Payee address; City; State; Zip Code 3106 Fall Crest Dr San Antonio TX 124.50 78247 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Printing Expense **Business Cards** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas: Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH